

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
32-RC-251034	11/01/2019							

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: MV Transportation 13400 Hanford Armona Rd. Hanford, CA 93230 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: Denise Wright Pinuelas 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address denise.pinuelas@mvtransit.com 559-685-2359 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Hanford, CA Transportation Contractor Transportation 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 2 All mechanics, at Division 254 6h. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Pelitioner? 

No Supervisors, managers, and guards as defined by the Act. Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition by this petition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b Address: N/A 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None. 10d Cell No. 10c Tel No 10a. Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Company facility 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 512 W. Oak Ave., Visalia, CA 93291 Teamsters Local 517 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 559-627-9993 559-627-9039 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 520 Capitol Mall, Suite 300 Sacramento, CA 95814 Peter McEntee, Attorney 13f. E-Mail Address cc: cbelcher@beesontayer.com 13c. Tel. No. 13d. Cell No. 13e. Fax No. pmcentee@beesontayer.com 916-325-2120 916-325-2100 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature 11/01/19 Attorney Peter McEntee

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

## RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
32-RC-251299	11/06/2019						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 841 Chevron way Cafeteria building room 335 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 841 Chevron way Cafeteria building room 335 CA Richmond 94801-Hanna Leger 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (510) 242-2494 HannaLeger@chevron.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Oil & Gas Operations Gasoline Richmond, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 20 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 10/08/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address United steel workers Junior Ortiz 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address (925) 435-8686 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): Afternoon and evening Richmond 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) ffrey Tandaguen chmond Chevron Professional Firefighters. Local I-95 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Fire Fighters 12g. E-Mail Address Jtandaguen@gmail.com 12d. Tel No. 12e, Cell No. 12f. Fax No. (408) 234-8195 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Tashayla D Billington Associate MASTAGNI HOLSTEDT 1912 I st CA Sacramento 95811 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address billington@mastagni.com (916) 447-4614 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Signature Date Firefighter Jeffery Tandaguen 11/2/2019 10:24:17 Jeffrey Tandaguen

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

 DO NOT WRITE IN THIS SPACE

 Case
 Date Filed

 32-RC-251299
 11/06/2019

Employees Included Firefighters, Lieutenants , and Captains exclusive

Employees Excluded Unsure.

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

32-RC-251444

DO NOT WRITE IN THIS SPACE 11/08/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

of service showing service on the (Form NLRB-505); and (3) Descript with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-CE	tion of Repres served on the	entation Case employer or ar	Procedures (Form NL ny other party.	RB 4812). The sl	howing of int	erest should only be filed				
bargaining by Petitioner and Petitioner d requests that the National Labor Rela	esires to be certifi	ied as representat	ive of the employees. The	Petitioner alleges th	at the followin	g circumstances exist and				
2a. Name of Employer2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)Deutsche Telekom AG dba T-Mobile2708 Pinole Valley Road, Pinole, CA 94564										
3a. Employer Representative – Name and Janet Loduca, District Manager	Title		3b. Address (If same as 2b – state same)							
3c. Tel. No. 925-470-0546	3d. Cell No.		3e. Fax No.		3f. E-Mail Add Janet.Lodu	ress ca@t-mobile.com				
Telecommunications Provider	4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City									
5b. Description of Unit Involved Included: All mobile and associa	to experts ex	chudina all ot	har amplayees amp	loved at the Pin	ole facility	6a. No. of Employees in Unit:				
Excluded: All other employed		=		noyed at the Fin	ore racinty.	or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No				
Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) Ry Petition and Employer declined recognition on or about (Date) (If no reply received, so state).  7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.										
8a. Name of Recognized or Certified Bar none	gaining Agent (II	none, so state).	8b. Address							
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Address					
8g. Affiliation, if any			8h. Date of Recognition of	r Certification		Date of Current or Most Recent by (Month, Day, Year)				
Is there now a strike or picketing at the E     (Name of labor organization)			f? no If so, approx keted the Employer since (		nployees are pa	rticipating?				
Organizations or individuals other than known to have a representative interest in a none					resentatives and	d other organizations and individuals				
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.				
				10e. Fax No.		10f. E-Mail Address				
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>			ur position with respect to	11a. Election Type:		Mail Mixed Manual/Mail				
11b. Election Date(s): Wednesday, November 20, 2019	6-8 am	ection Time(s):		11d. Election Locat Break room at 270	8 Pinole Valle					
12a. Full Name of Petitioner (including to Communication Workers of America AFL	-CIO			2804 Gateway Oal		city, state, and ZIP code) 150, Sacramento CA 95833				
12c. Full name of national or international la Communication Workers of America AFL-		of which Petitioner		t (if none, so state)						
510-325-2170		12f. Fax No.	12g. E-Mail Address ydiamond@cwa-union.org							
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title David A. Rosenfeld, Attorney  13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501										
13c. Tel No. 510-337-1001	13d. Cell No.		13e. Fax No. 510-337-1023	dress drosenfeld@unioncounsel.net nioncounsel.net						
I declare that I have read the above petiti	on and that the s	statements are tr	ue to the best of my know	ledge and belief.						
Name (Print) Sig David A. Rosenfeld	nature	w	Title Attorney		Date November	8, 2019				

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Armour Globe

FORM NLRB-502 (RC) (2-18)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
32-RC-251545	11/12/2019							

						32-KC	5-23134	. 1	1/12/2019	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	The petition must be accome s named in the petition of:	panied by (1) the petit	both a sh tion; (2) S	owing of Interest (s tatement of Position	see 6b on form	below) and (Form NLI	l a certifica RB-505); an	te of service showing d (3) Description of i	service on Representation	
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Pe	tioner desires to be certified a	as represen	tative of the	ne employees. The P	etition	er alleges	that the foll	owing circumstance		
2a. Name of Employer: MV Transportation		Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8400 Hanford Armona Rd., Hanford, CA 93230								
3a. Employer Representative - Nat Denise Wright Pinuelas	3b. Addre	3b. Address (if same as 2b - state same):								
3c. Tel. No. 559-685-2359	3d. Cell No.	3	3e. Fax No. 3f. E-Mail Adenise.r					mvtransit.com		
4a. Type of Establishment (Factory, Transportation Contractor				al Product or Service ortation	е		5a. City ar Hanford,	nd State where unit is I CA	ocated:	
5b. Description of Unit Involved: Included: All mechanics, including	Auto Technician C	and Utili	ity Wo	rker			6a. Number	er of Employees in Uni	t:	
Excluded: Supervisors, managers, M. Check One: 😰 7a. Request for re-					e Act		of the e	ubstantial number (30' employees in the unit v ented by the Petitioner declined recognition	vish to be	
on or about (Date)		no reply rec	eived, so	state).		LIOII			27 1.	
8a. Name of Recognized or Certifi None	ed Bargaining Agent (If non	ne, so state)	8b. Ad	Idress:	7/					
8c. Tel. No. 559-627-9993	8d. Cell No.		8e. Fax No. 559-627-9039			8f. E-Mail Address				
			8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
<ol><li>Is there now a strike or picketing a (Name of Labor Organization)</li></ol>	at the Employer's establishme	ent(s) involv	ed? No	If so, appro				s are participating? er since (Month, Day,	Veer	
Organizations or individuals other individuals known to have a representation.					ed recog	nition as re	presentativ			
10a. Name	10b. Address	20			T	10c. Tel. No	).	10d. Cell No.		
			10e. Fax N			10e. Fax No	o. 10f. E-Mail Address			
11. Election Details: If the NLRB co			your posit	ion with respect to ar			☐ Manua	l Mail Mix	ed Manual/Mail	
11b. Election Date(s):	11c. Election Ti 1:30 - 2:30					11d. Election Location(s): Maintenance Manager Office				
12a. Full Name of Petitioner (include Teamsters Local 517	ling local name and number)	:		12b. Address (stree 512 W. Oak A						
12c. Full name of national or internat International Brotherhood		hich Petition	er is an a	ffiliate or constituent	(if none	e, so state):		**		
12d. Tel. No. 12e. Cell No. 559-627-9993			12f. Fax No. 12g. E-Ma 559-627-9039			I2g. E-Mail	ail Address			
13. Representative of the Petitione 13a. Name and Title: Peter McEntee, Attorney	r who will accept service o	1	3b. Addre	oses of the represe ss (street and number itol Mall, Suite (	er, city,	State and	ZIP code):	5814		
13c. Tel. No. 916-325 <b>-</b> 2100	13d. Cell No.	1 9	3e. Fax N	5-2120	1			ontayer.com		
I declare that I have read the above Name (Print)	e petition and that the state		true to th	e best of my knowl	ledge a	nd belief.			Date	
Peter McEntee	3////	T M	143	le		orney			11/12/19	

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
32_RC_251739	11-14-2019				

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Land O'Lakes 400 South M Street, Tulare, CA 93274 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Neha Shah, Plant Manager Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (559) 687-6590 NHShah@landolakes.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Milk products Tulare, California Dairy 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All quality control employees 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, all represented employees, and guards and supervisors unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 11/14/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). by this Petition 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_No\_\_ If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 
Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 6:00 a.m. - 9:00 a.m. Boardroom at 500 South M Street, Tulare, CA 93274 November 25, 2019 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Teamsters Local 517 512 West Oak Avenue, Visalia, CA 93291 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (559) 627-9993 (550) 627-9039 michelekennedy@teamsterslocal517.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) David A. Rosenfeld, Attorney Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (510) 337-1001 (510) 337-1023 drosenfeld@unioncounsel.net, nlrbnotices@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) olle David A. Rosenfeld Attorney November 14, 2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
32-RC-252553	11/27/2019					

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. With the National and Should find the Servet on the employer of any outer passy.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority gursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

2b. Address(es) of Establishment(e) involved (Street and number, city, State, ZIP code) 2a. Name of Employ Cushman & Wakefield U.S., Inc 5928-6000-6110 Stoneridge Mall Rd, Pleasanton CA 94588 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same 7700 Forsyth Blvd, 9th floor, St. Louis, MO 63105 Stephanie Grey 3c. Tel. No. 3d, Call No. 3f. E-Mail Address (415) 722-1529 Stephanie.Grey@cushwake.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Se. City and State where unit is located: 4b. Principal product or service Maintenance Repair Preventative Maintenance & Serive Pleasanton, California Office Buildings 5b. Description of Unit involved 6a. No. of Employees in Unit: Included: Senior Building Engineer, Building Engineer, Maintenance Technician 6b. Do a substantial number (30% or more) of the employees in the unit wish to be repre Office/Clerical, Security Guards, Janitorial Workers, Housekeepers, Culinary Petitioner? Yes J No 7s. Request for recognition as Bergeining Representative was made on (Date) 10/1/2019 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

18b. Address None Sc. Tel No. 8d Call No. So. Fax No. 8f. E-Mail Address 8. Expiration Date of Current or Most Recent Sh. Date of Recognition or Certification Bg. Affiliation, If any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No if so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in liems 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10d. Cell No. 10a, Name 10s Fax No. 107, E-Mail Address 11. Election Details: If the NLRS conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail | Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Employer Conference Room 8:30 a.m. 12/30/19 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local na International Union of Operating Engineers, Stationary Engineers Local 39 AFL-CIO 337 Valencia Street San Francisco CA 94103 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers AFL-CIO 12d. Tel No. 127. Fax No. 12g. E-Mall Address 12e. Cell No. (415) 861-5264 (415) 861-1135 (415) 418-0317 smortensen@local39.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13e. Name and Title Shane Mortensen, District Representative 13b. Address (street and number, city, state, and ZIP code) 13f. E-Mail Address 13d, Cell No. 13a Fax No. smortensen@local38.org (415) 861-1135 (415) 418-0317 (415) 881-5264 I declare that I have read the above position and that the statements are true to the best of my knowledge and belief. Nama (Print) Shane Mortensen District Representative WILLFUL FALTE STATE STATE STATE ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1051)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE									
Case No.	Date Filed								
32-RC-252602	11/27/2019								

RC PETITION						32-R	C-2526	02	11	/27/2019	
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.											
<ol> <li>PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.</li> </ol>											
2a. Name of Employer: Calaveras Transit Mix and Tuolomne Transit Mix, Divisions of George Reed  2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 270 George Reed Dr., San Andreas, CA 95249 6000 Byrnes Ferry, Jamestown, CA 95327											
3a. Employer Representative - Name and Title:  Ed Berlier, Vice President-General Manager  3b. Address (if same as 2b - state same): P.O. Box 4760, Modesto, CA 95352											
3c. Tel. No. 209-523-0734	3d. Cell No	).		3e. Fax No 209-52			3f. E-Mail Address ed.berlier@georgereed.com				
4a. Type of Establishment (Factory, Ready-Mix	mine, whole	saler, etc.)		4b. Princip Ready-	al Product or Service Mix	9			d State where un reas, CA and J		
5b. Description of Unit Involved: Included: Transit Mix Drivers, Bun	kerman l	Power Loade	ers, O	perator N	Mechanics and	Batc	hmen	6a. Numbe	er of Employees i	n Unit:	
all managers, supervisors	_					-		of the e	ubstantial numbe employees in the ented by the Petit	unit wis	sh to be
Check One: 7a. Request for recon or about (Date)  To. Petitioner is cu	-	(If n	o reply r	received, so	state).	on und		d Employer of	declined recognit	ion	
8a. Name of Recognized or Certific Teamsters Local 439				(te) 8b. Ad 153	ldress:   East Fremont   kton, CA 9520	St.					
8c. Tel. No. 209-948-9592	8d. Cell No	).		8e. Fax No 209-94			8f. E-Mail Address				
8g. Affiliation, if any: International Brotherhood					ecognition or Certifica	ation	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 01/01/2020				
9. Is there now a strike or picketing a	t the Employ	yer's establishme	nt(s) inv	olved? No	lf so, appro		-		s are participating		
(Name of Labor Organization)  10. Organizations or individuals othe individuals known to have a representation.						d reco	gnition as re	presentative	er since (Month, es and other orga		
10a. Name		10b. Address					10c. Tel. No	. Tel. No. 10d. Cell No.			
						1	10e. Fax No	10f. E-Mail Addr	Address		
11. Election Details: If the NLRB co	nducts and	election in this ma	atter, sta	te your posit	ion with respect to ar	ny suc	h election:	_		Mixed	d Manual/Mail
11b. Election Date(s):		11c. Election Tin	ne(s):				11d. Electio	n Location(s			
12a. Full Name of Petitioner (include Teamsters Local 439	ling local na	me and number):			12b. Address (street 1531 East Free Stockton, CA	mon	t St.,	, State and 2	IP code):		
12c. Full name of national or internat International Brotherhood			ich Petit	ioner is an a	ffiliate or constituent	(if non	ne, so state):				
				12f. Fax No 209-948			12g. E-Mail Address				
Peter McEntee, Attorney			13b. Addre 520 Cap		er, city	city, State and ZIP code):					
13c, Tel. No. 916-325-2100	3c. Tel. No. 13d. Cell No. 9			13e. Fax N 916-3/2	5-2120		pmcente	E-Mail Address ncentee@beesontayer.com			
I declare that I have read the above Name (Print)	e petition ar			re true to th	e best of my knowle	edge a					Date
Peter McEntee		Signature	01	1/4/	1		orney				11/27/19